

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/26/2012
FORM APPROVED
OMB NO. 0938-0391

OTC 9/8/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC #1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/25/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COLLEGEDALE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 658, 9210 APISON PIKE COLLEGEDALE, TN 37315		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, facility document review, interview, and observations, the facility failed to provide supervision to prevent accidents for one resident (#3) of seven residents reviewed.</p> <p>The findings included:</p> <p>Medical Record review revealed Resident #3 was admitted to the facility on June 4, 2010, with diagnoses which included: Coronary Artery Disease, Parkinson, Diverticulitis, Gastro-esophageal Reflux Disease, Osteoarthritis, and Hypertension.</p> <p>Review of the most recent Minimum Data Set (MDS, a detailed assessment of the resident) dated May 21, 2012, revealed Resident #3 required extensive assist of one person for toilet use, personal hygiene, transfers, and ambulation. Further review of the MDS revealed the resident's balance was unsteady when standing.</p> <p>Review of Nurse's Notes dated June 23, 2012, at 7:30 a.m., revealed, "Resident was in bathroom washing...hands with CNA (Certified Nursing</p>	F 323	<p><u>Life Care Center of Collegedale</u></p> <p>Preparation of and/or execution of this plan of correction does not constitute admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and executed solely because of federal and state requirements.</p> <p>1. CORRECTIVE ACTION- F323 On 6/23/12, neurological checks were initiated for Resident #3 following the fall. A Fall Risk Assessment and Pain Assessment was updated. Alert charting was initiated and family and physician were notified. The Certified Nurse Practitioner and Hospice nurse assessed resident on 6/24/12.</p> <p>2. OTHER RESIDENTS THAT RESIDE IN THE FACILITY HAVE THE POTENTIAL TO BE AFFECTED.</p>	August 17, 2012	August 17, 201

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Cara Youngberg *Administrator* *8-08-12*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/25/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COLLEGEDALE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 658, 9210 APISON PIKE COLLEGEDALE, TN 37315		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 1</p> <p>Assistant) present. CNA turned to get gerichair and resident fell back onto floor. No new injuries noted..."</p> <p>Interview with CNA #1, by telephone, on July 24, 2012, at 1:00 p.m., revealed CNA #1 was caring for Resident #3, when the fall occurred on June 23, 2012. CNA #1 stated the resident was standing at bathroom sink washing hands, and the CNA turned away from the resident, walked "three to four" steps to the bathroom door to obtain the resident's gerichair. The CNA stated the resident fell onto the floor, while the CNA's was getting the gerichair.</p> <p>Interview with the Director of Nurses (DON) on July 24, 2012, at 1:30 p.m. confirmed the resident fell after being left unattended by the CNA on June 23, 2012.</p> <p>Observations on July 24, 2012, at 10:30 a.m., in the Physical Therapy department, revealed Resident #3 being ambulated with walker and assist of one therapist.</p>	F 323	<p>3. WHAT MEASURES WERE PUT IN PLACE</p> <p>On June 23, 2012 the Certified Nursing Assistant (C.N.A) involved was suspended by the Director of Nursing and the Weekend Supervisor pending investigation of the event. On June 25, 2012 the C.N.A. was educated regarding following Care Guides and leaving residents unattended by the Director of Nursing and the Unit Manager. The Staff Development Coordinator will provide C.N.A. staff in-service on following resident care guides by 8/17/12.</p> <p>The Unit Managers will do five random observations weekly for four weeks, and then five random observations monthly for two months to ensure C.N.A. staff are following instructions on Care Guides.</p> <p>4. MONITORING</p> <p>The Director of Nursing will report the observation findings monthly to the Performance Improvement Committee for three months.</p>	<p>August 17, 2012</p> <p>August 17, 2012</p>	

AUG 09 2012